



# Medicare Advantage Plan Comparison

Providence Medicare Reverence  
Providence Medicare Focus Medical

**Service Area Medical only - Reverence + Focus**  
Clackamas, Columbia, Crook, Deschutes, Hood River, Jefferson, Lane,  
Marion, Multnomah, Polk, Washington, Wheeler, Yamhill counties in Oregon  
and Clark County in Washington

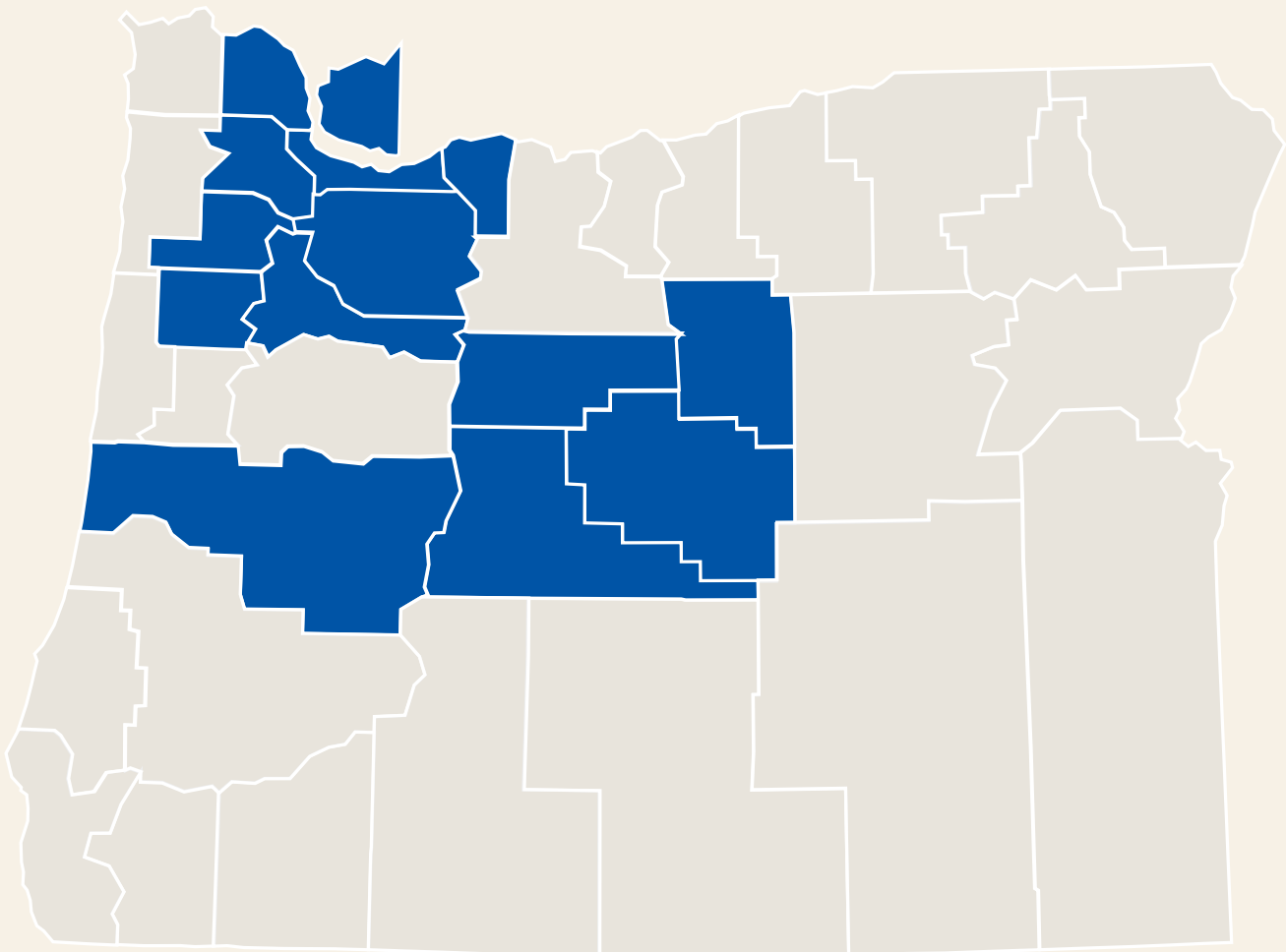


# 2023 Providence Medicare Service Area Map

Clackamas, Columbia, Crook, Deschutes, Hood River,  
Jefferson, Lane, Marion, Multnomah, Polk, Washington,  
Wheeler and Yamhill counties in Oregon and Clark County  
in Washington



- + Providence Medicare Focus Medical (HMO)
- + Providence Medicare Reverence Medical (HMO-POS)



Visit [ProvidenceTrueHealth.com/plan](https://ProvidenceTrueHealth.com/plan) for more information  
and to find other plans available in your area.

# Providence Medicare Advantage Plans – Part C

	Providence Medicare Revere (HMO-POS)		Providence Medicare Focus Medical (HMO)
Monthly premium	\$51		\$128
	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>
Medical deductible	\$0	\$0	\$0
Out-of-pocket maximum	\$4,500	\$10,000 combined	\$3,400
<b>Benefits</b>	<b>You pay</b>		<b>You pay</b>
Doctor office visit (PCP)	\$15	\$25	\$0
Specialist visit	\$30 \$50 no referral	\$50	\$20
Preventive care	\$0	30%	\$0
Inpatient hospital	Days 1-6: \$300/day Day 7 and beyond: \$0/day	30%	Days 1-5: \$250/day Day 6 and beyond: \$0/day
Skilled nursing facility	Days 1-20: \$0 Days 21-100: \$160/day	30%	Days 1-20: \$0 Days 21-100: \$150/day
Outpatient surgery	\$250 Ambulatory \$250 Hospital	30%	\$200 Ambulatory \$250 Hospital
Diabetic supplies	\$0 – 20%	30%	\$0 – 20%
Lab	\$0	30%	\$0
X-ray	\$15	30%	\$0
Outpatient diagnostic tests & procedures	20%	30%	20%
Alternative care	(\$500 maximum)		(\$500 maximum)
Chiropractic	\$20	No coverage	\$20
Acupuncture	\$30		\$20
Naturopathy	\$30		\$20
Therapy: PT, OT, ST	\$30		\$20
Durable medical equipment	20%	30%	20%
Home health	\$0	30%	\$0
Telehealth**	\$15 PCP \$30 Specialist	\$25 PCP \$50 Specialist	\$0 PCP \$20 Specialist
	<b>Worldwide coverage</b>		<b>Worldwide coverage</b>
Urgent care	\$50		\$50
Emergency room*	\$90		\$70
Ambulance (ground or air)	\$250 one way		\$250 one way

\*Copay waived if you are admitted to the hospital within 24 hours for the same condition.

\*\*You will pay the cost sharing that applies to the services.

Other charges and limits may apply. Please refer to Evidence of Coverage for more information. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Providence Health Assurance is an HMO, HMO-POS and HMO SNP with Medicare and Oregon Health Plan contracts. Enrollment in Providence Health Assurance depends on contract renewal.

## Dental, hearing, vision and more

	Providence Medicare Reverence (HMO-POS)	Providence Medicare Focus Medical (HMO)
Preventive dental	\$0	\$0
Routine eye exams	Up to \$75 allowance per year	Up to \$75 allowance per year
Prescription eyeglasses or contact lenses*	\$250 allowance per year	\$250 allowance per year
Routine hearing exam (one per year)**	\$0 copay	\$0 copay
Hearing aids (two per year)	\$399 or \$699 per hearing aid	\$399 or \$699 per hearing aid
Over-the-counter allowance	\$75 allowance per quarter	\$75 allowance per quarter
Post discharge meals	\$0 – two meals per day for 14 days	\$0 – two meals per day for 14 days
Medical alert system	\$0	\$0
Fitness center membership***	\$0	\$0
Wigs for hair loss related to chemotherapy	20% for synthetic 1 wig per year	20% for synthetic 1 wig per year

\*You are responsible for any cost above the allowance for routine eye exams, prescription eyeglasses or contact lenses.

\*\*You must see a TruHearing provider. Other charges and limits may apply.

\*\*\*Premium fitness network is available for an additional cost per month.



# 2023 Optional Supplemental Dental Benefits

## Plans that include Basic or Enhanced option:

Providence Medicare Reverence (HMO-POS), Providence Medicare Focus Medical (HMO)

Benefits include: Preventive (See EOC Chapter 4) and Comprehensive Dental	Basic		Enhanced	
	In-network member responsibility	Out-of-network member responsibility*	In-network member responsibility	Out-of-network member responsibility*
Monthly premium	\$32.50		\$45.10	
Office visit copay	No copay		No copay	
Annual deductible <sup>1</sup>	\$50	\$150	\$50	\$150
Annual maximum	\$1,000		\$1,500	
Waiting periods	None		None	
Provider network	Any licensed dentist <sup>2</sup>		Any licensed dentist <sup>2</sup>	
Out-of-network reimbursement	Maximum allowable charge		Maximum allowable charge	
<b>Diagnostic and Preventive Services</b>				
Oral examinations <sup>3</sup>	\$0	20%	\$0	20%
Bitewing X-rays <sup>4</sup>	\$0	20%	\$0	20%
Panoramic and other diagnostic X-rays <sup>5</sup>	\$0	20%	\$0	20%
<b>Comprehensive Dental Services</b>				
Basic fillings and simple extractions	50%	60%	50%	60%
Dentures	50%	60%	50%	60%
	\$250 Lifetime Denture Benefit		\$250 Lifetime Denture Benefit	
Crowns and bridges	50%	60%	50%	60%
	\$100 limit per tooth per year		\$500 limit per year	
Oral surgery	Not covered		50%	60%
Endodontics (root canals)	Not covered		50%	60%
Periodontics (deep cleaning)	Not covered		50%	60%

**\*Important notes:** Members may use any licensed dentist. Non-Medicare dentists may charge more than the amount allowed by Providence Medicare Advantage Plans. If this happens, they may send members a "balance bill" for the difference between their charged amount and the amount paid by the plan.

<sup>1</sup> Deductibles are waived for diagnostic and preventive services

<sup>2</sup> Seeking care from a participating in-network dentist will reduce out-of-pocket costs and prevent a balance bill

<sup>3</sup> Oral Examination – limited to two per calendar year (you may receive two periodic oral evaluations or one periodic oral evaluation and one problem-focused oral evaluation per calendar year)

<sup>4</sup> Bitewing or Periapical X-rays – limited to two per calendar year

<sup>5</sup> Full mouth and Panoramic X-ray – limited to once every 60 months

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# We all deserve True Health

Call us for information, to enroll, or to make a personal appointment at

**1-833-949-0263 (TTY: 711)**

8 a.m. to 8 p.m. (Pacific Time), seven days a week (Oct. 1 – Dec. 7)

Monday – Friday (Dec. 8 – Sept. 30)

Enroll online at

**[ProvidenceTrueHealth.com/guides](https://ProvidenceTrueHealth.com/guides)**